

## Jemena Electricity Networks (VIC) Ltd Network Tariff Reassignment Request Form for Business Customer

[Please use one form per Supply Point and email the form to [JENTariffs@jemena.com.au](mailto:JENTariffs@jemena.com.au)]

This **Request Form** must be used to request a network tariff reassignment for an existing business customer.

**Note: All fields denoted with \* are mandatory.**

**Fields denoted with # only apply to customers currently assigned to a demand network tariff.**

### 1 – CUSTOMER DETAILS

**Business name\*:** \_\_\_\_\_

**Supply point address\*:** \_\_\_\_\_

**NMI\*:**      **VDDD** \_\_\_\_\_      or      **6001** \_\_\_\_\_

**Reasons for change in load and/or connection characteristics\*:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2 – TARIFF REASSIGNMENT DETAILS

**The network tariff code currently assigned to the customer\*:** \_\_\_\_\_

**The contract demand currently applicable to the customer \*\*:** \_\_\_\_\_ kW / KVA

**The maximum demand recorded over the past 12 months\*\*:** \_\_\_\_\_ kW / KVA

**Actual consumption (complete section A or B as applicable) \*:**

**A. Where the customer has been connected for a period of at least 12 months**

- The actual annual consumption over the past 12 months: \_\_\_\_\_ kWh

**B. Where the customer has been connected for a period less than 12 months**

- The customer's actual consumption: \_\_\_\_\_ kWh
- Recorded over the period:      From: \_\_ / \_\_ / \_\_      To: \_\_ / \_\_ / \_\_

**Metering type currently installed (please tick) \*:**

- |   |                          |
|---|--------------------------|
| 1. Interval/Smart meter manually or remotely read   | <input type="checkbox"/> |
| 2. Two rate accumulation meter WITHOUT demand meter | <input type="checkbox"/> |
| 3. Two rate accumulation meter WITH demand meter.   | <input type="checkbox"/> |
| 4. Single rate accumulation meter                   | <input type="checkbox"/> |

### 3 – PROPOSED NETWORK TARIFF DETAILS

**Nominated network tariff name\*:** \_\_\_\_\_

**Nominated network tariff code\*:** \_\_\_\_\_ (Please refer to tariff schedule)

#### 4 – CONDITIONS APPLYING TO THE REQUEST

- The applicant must sign and e-mail the completed Request Form to [jentariffs@jemena.com.au](mailto:jentariffs@jemena.com.au).
- Requests to reassign a Customer to a network tariff code starting with the letter “T” must be made by the customer’s retailer.
- Where the applicant is not the Customer, it is the applicant’s responsibility to ensure the Customer is aware of and agrees to this tariff reassignment request. The applicant is wholly responsible for conveying the correct information to JEN and also communicating the decision made by JEN to the Customer.
- JEN may request the applicant to re-submit the request if the initial Request Form is not correctly completed or if the form is modified in any manner.
- The applicant acknowledges that in the event the request is approved the contract demand applicable to the new tariff will be set in accordance with the JEN Policy for Resetting Contract Demand.
- Any network tariff reassignment request will not take effect until JEN advises the applicant in writing of the approval and the effective date of the new tariff assignment.
- Network tariff reassignment requests are limited to one application over any 12 months period.

#### 5 - APPLICANT DETAILS

**Name (person lodging the request form) \*:** \_\_\_\_\_

**Business Name\*:** \_\_\_\_\_

**Position Title (if applicable):** \_\_\_\_\_

**Telephone Number\*:** ( ) \_\_\_\_\_ **E-mail\*:** \_\_\_\_\_

**Applicant's Signature\*:** \_\_\_\_\_ **Date\*:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: If the applicant is the Customer's Retailer, the applicant warrants that it has been authorised to act on the Customer's behalf.**

The section below is required to be completed by the customer, if the Applicant is someone other than the Customer or Customer's Retailer.

I \_\_\_\_\_ at the supply point address referred to in this Request Form, consent to the above applicant acting on my behalf. My contact details are as follows:

**Position Title:** \_\_\_\_\_

**Telephone Number:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Customer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_